

PART II

Michigan Department of Human Services
Office of Children and Adult Licensing

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

Resident Name	
Facility Name	License Number
Time Period Covered	

INSTRUCTIONS:

Please use a separate OCAL-2319 - Resident Funds - Part II for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.

Type of Account ☐ SAVINGS ☐ CHECKING ☐ CASH ☐ PAYMENT FOR ADULT FOSTER CARE SERVICES ☐ OTHER (Specify) 

[illegible]

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: Public Act 218 of 1979 R 400.14315 (3) and R 400.15315 (3)

COMPLETION: Mandatory

CONSEQUENCE: Adult Foster Care Rule Violation